

# Notice of Agency Rule-making Proposal

**AGENCY: MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION**

**RULE TITLE OR SUBJECT: CHAPTER 532, LARGE COMMERCIAL PASSENGER VESSELS**

**PROPOSED RULE NUMBER:** (LEAVE BLANK - ASSIGNED BY SECRETARY OF STATE):

**CONCISE SUMMARY :** This proposed new chapter applies to discharges to Maine's coastal waters of graywater and mixtures of graywater and blackwater from large commercial passenger vessels. It specifies the minimum level of effluent quality in terms of biochemical oxygen demand, suspended solids, pH, fecal coliform, and chlorine. It also specifies requirements for keeping a sewage and graywater discharge record book and for sampling and reporting. Additional information concerning this rulemaking is available through <http://www.state.me.us/dep/blwq/rule.htm>

**THIS RULE WILL\_\_ WILL NOT X HAVE A FISCAL IMPACT ON MUNICIPALITIES.**

**STATUTORY AUTHORITY: 38 MRSA Sections 413 and 423-D (PL 2003, ch. 650)**

**PUBLIC HEARING: No hearing is planned. A hearing may be requested by contacting:**

**Hetty Richardson, Maine Department of Environmental Protection, State House Station 17, Ray Bldg, Hospital St., Augusta, ME 04330-0017**

**Phone: 207-287-7799**

**Fax: 207-287-7191**

**Email: Hetty.L.Richardson@maine.gov**

**DEADLINE FOR COMMENTS: January 5, 2005 at 5:00 p.m.**

Comments may be submitted by mail at the address below, by fax at (207) 287-7191, or by email at Hetty.L.Richardson@state.me.us. To ensure consideration, comments must include your name and the organization you represent, if any. Please be aware that the risk of non-delivery associated with submissions by fax or email is on the sender. A copy of the rule is available upon request from the contact below, and on the web at: <http://www.state.me.us/dep/blwq/rule.htm>

**AGENCY CONTACT PERSON: Hetty Richardson**

**AGENCY NAME: Maine Department of Environmental Protection**

**ADDRESS: 17 State House Station  
Ray Bldg, Hospital St.  
Augusta, ME 04333-0017**

**TELEPHONE: 207-287-7799**

**EMAIL: Hetty.L.Richardson@maine.gov**

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Please approve bottom portion of this form and  
assign appropriate MFASIS number.

APPROVED FOR PAYMENT \_\_\_\_\_ DATE: \_\_\_\_\_  
*Authorized signature*

FUND	AGENCY	ORG	APP	JOB	OBJT	AMOUNT
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